(ख) इन बीमारियों से बचाने के लिए पिछले तीन वर्षों के दौरान कितने प्रतिशत बच्चों को टीके लगाए गए ;

(ग) क्या यह सच है कि इन बीमारियों की रोकथाम के लिए शहरी क्षेत्रों में ग्रामीण क्षेत्रों की अपेक्षा टीका लगाने के कार्यक्रम के अन्तर्गत अधिक टीके लगाए गए हैं ;

(घ) इस बात को सुनिश्चित करने के लिए सरकार द्वारा क्या व्यवस्था की गई है कि इन खतरनाक बीमारियों से बचाव के लिए सभी बच्चों को टीका लगाया जाए ;

(ङ) गत तीन वर्षों के दौरान प्रत्येक वर्ष इन बीमारियों से कितने बच्चों की मृत्यु हुई ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (कुमारी सरोज खापर्डे) : (क) जी, हां।

(ख) से (ङ) एक विवरण सभा पटल पर रख दिया गया है।

विवरण

पिछले तीन वर्षों के दौरान राजस्थान में रोग प्रतिरक्षित किए गए बच्चों का टीके-वार प्रतिशत।

टीके	1986-87	1987-88	1988-89 (फरवरी, 1989 तक)
1. डी० पी० टी०	54.07	76.41	65.09
2. पोलियो	48.01	66.55	67.22
3. बी० सी० जी०	52.04	75.07	66.42
4. खसरा	33.49	67.82	45.21

व्यापक रोग प्रतिरक्षण कार्यक्रम के अन्तर्गत ग्रामीण एवं शहरों, दोनों क्षेत्रों में गहन कार्यकलाप चलाया गया है।

राजस्थान सहित देश के सभी जिलों को व्यापक रोग प्रतिरक्षण कार्यक्रम के अन्तर्गत चरणबार ढंग से लाया गया है तथा छह बीमारियों (डिफ्थीरिया, काली खांसी, टेटनेस, तपेदिक, खसरा एवं पोलियो) से कम से कम 85 प्रतिशत बच्चों तथा 100 प्रतिशत गर्भवती महिलाओं को टेटनेस में रोग प्रतिरक्षित करने के लक्ष्य को प्राप्त करने के लिए अतिरिक्त उपस्करों, वाहनों, स्टाफ एवं वैक्सीनों की सप्लाई की गई है। स्वास्थ्य शिक्षा और संचार कार्यकलापों को तेज किया गया है तथा चिकित्सा एवं पराचिकित्सा कार्मिकों के लिए प्रशिक्षण की व्यवस्था की गई है। स्वतन्त्र एजेन्सियों द्वारा इस कार्यक्रम की नियमित मानीटरिंग और मूल्यांकन किया गया है।

राजस्थान में पिछले तीन वर्षों के दौरान विभिन्न बीमारियों के कारण मरने वाले बच्चों की संख्या नीचे विवरण में दी गई है जो राज्य सरकार द्वारा समय-समय पर दी गई सूचना के आधार पर है :—

	मौतें		
	1986	1987	1988
1. खसरा	14	51	21
2. टेटनस	377	248	213
3. काली खांसी	18	4	5
4. गलघोंट	22	17	27
5. तपेदिक	728	606	539
6. वाइरल हैपेटाइटिस	103	144	76

Maaufacturing/marketing of Irriation al combination of drugs

156. SHRI M. KADHARSHA; Will the Minister of HEALTH ' AND FAMILY WELFARE be" pleased to state:

(a) whether it is a fact that certain State Drug Authorities had given licences for manufacturing and mar keting of irrational combination of drugs;

(b) whether Government propose to review these combinations from rational and safety point of view; and

(c) if so, by wh«?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE); (a) to (c) Licensing Authorities appointed by the State Governments for their respective States grant licence to manufacture drug I drug combinations. There was, however, no uniformity in granting of licence for manufacture of combinations. In order to streamline licensing of combinations, the Central Government have recently amended the provisions of the Drugs and Cosmetics Rules, 1945. These steps have been taken to safeguard against licensing of irrational combination of drugs by the licensing authorities appointed by "the State Governments and to ensure that necessary technical data is furnished before registering a combination.

A sub-committee of experts appointed by Drugs Consultative Committee is seized with the examination of the formulations including combinations moving in the market from the angle of safety, efficacy and rationality. This is a continuous pro. cess.

Based on the recommendations of experts and Drugs Technical Advisory Beard, Government have prohibited manufacture and sale of 27 categories of formulations licensed by the State Authorities (List attached).

List of Drugs \Formidation Banned under Section 26A of the *Drugs and Cosmetics Act,* 1940.

1. Amidopyrine.
2. Fixed dose cambinations of Vitamin with anti inflamatory agents and transquillisers.
3. Fixed dose combination of Atropine in Analgesics and Antipyretics.
4. Fixed dose combination of Strychine and Caffeine in tonics.
5. Fixed dosecombinations of Yohimbine and Strychine with Testosterone and Vitamins.
6. Fixed dose combinations of Iron with Strychine, Aresenic and Yohimbine.
7. Fixed dose combinations of Sodium Bromide [Chloral hydrate with other drugs.
8. Phenacetin.
9. Fixed doge combinations of antihistaminics with anti-diarrhoeals.
10. Fixed dose combinations of Penicillin with Sulphonamides.
11. Fixed dose combinations of Vitamins with Analgesics.
12. Fixed dose combinations of Tetracycline with Vitamin C.
13. Fixed dose combination of Hydroxyquinoline group of Drugs except preparations which are used for the treatment of diarrhoea and dycentry and for external use only.
14. Fixed dose combinations of Certicosteroids with any other drug for internal use.
15. Fixed dcse combinations of Chlo, ramphenicol with any other drug for internal use.
16. Fixed dose combination of Ergot.
17. Fixed dose combinations of Vitamins with Anti T.B. drugs except combination of Isoniazide with Pyridoxine Hydrochloride (Vitamins B 6).
18. Penicillin skin/eye ointment.
19. Tetrocycline liquid oral preparations.
20. Nialamide.
21. Protolol.
22. Methapyrilene, its salts.
23. Methaqualone.
24. Oxytetracycline Liquid Oral Preparations. ■
25. Demeclocyline Liquid oral pre parati'dns.

26. Combination of Anabolic Steroids with other drugs.

2X. Fixed dose combination of Oestrogen and Proestin (Other than oral contraceptives) containing per tablet Ostrogen content to more than 50 mcp. (equivalent to Ethenyle Estradiol) and of proestine\ content of more than 3 mg. (equivalent to Norethisterene Acetate).

Strengthening of NCC

157. SHRI BAIKUNTHA NATH '3AHU Will the Minister of DEFENCE be pleased to state: .. ,

(a) whether Government have drawn up any programme for strengthening of NCC;

(b) if so,, what are the details thereof;

(c) whether some new measures are being adopted by Government for that purpose; and

{&) if so. the details thereof?

THE MINISTER OF STATE IN THE DEPARTMENT OF DEFENCE PRODUCTION AND SUPPLIES IN THE MINISTRY OF DEFENCE (SHRI CHINTAMANI PANIGRAHI): (a) No, Sir.

(b) Does not arise.

(c) and (d)The report of the Eva-' juation Committee on the NCC is under examination. Further measures regarding the NCC will depend on the decisions on the recommendations of the Evaluation Committee and the overall financial constraints.

Improved pay scale and other benefits to the employees of NMEp

158. SHRI BAIKUNTHA NATH SAHU- Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether Government propose to give the employees working" under the National Malaria Eradication Programme a better deal;

(b) whether the pay and allowances of those employees are proposed to be raised; and

(c) if so, the steps taken by Government in that regard?

THE, MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (c) National Malaria Eradication Programme is a centrally sponsored category II Plan scheme on 50:50 cost sharing basis between the Centre and State governments. The employees working under National Malaria Eradication Programme are employed by States Governments|U.T. administrations and they are governed by the service rules of the concerned State|U.T, Administration.

Setting up of a Computer Centre in Orissa

159. SHRI SUBAS MOHANTY: Will the PRIME MINISTER be pleased to state:

(a) what are the details of computer centres established in the country so far;

(b) whether Government propose to establish a computer centre in Orissa also;

(c) if so, what are the details thereof stating the site selected and by when it is proposed to be established; and

(d) what are the financial implications of the proposal?

THE MINISTER OF STATE IN THE MINISTRY OF SCIENCE AND TECHNOLOGY AND THE MINISTER OF STATE IN THE DEPARTMENT. OF OCEAN DEVELOPMENT , ATOMIC ENERGY, ELECTRONICS AND SPACE (SHRI K. R. NARAYANAN); (a) Regional Computer Centres have been set UP at Chandi-